

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Citadel of Sterling,the		STREET ADDRESS, CITY, STATE, ZIP CODE  105 East 23rd Street Sterling, IL 61081	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35541</b></p> <p>Based on observation, interview and record review the facility failed to provide physical therapy services to a resident as ordered for 1 of 3 residents reviewed for specialized rehabilitation services in the sample of 5.</p> <p>The findings include:</p> <p>R1's Admission Record dated 11/6/24 showed R1 was a [AGE] year old female admitted to the facility with diagnoses of lung cancer and pneumonia.</p> <p>R1's hospital discharge instructions dated 11/6/24 showed R1 was to receive physical therapy services, 1-2 times per day, Monday-Friday, while in the facility.</p> <p>A physician order for R1, dated 11/6/24, showed, Eval and treat-PT (physical therapy).</p> <p>On 11/13/24 at 8:23 AM, R1 was in bed. R1 stated, I came here to get stronger so I could go home to my kids. I am not getting any physical therapy. I have gotten OT (occupational therapy) but I need to get stronger so I can get out of bed .</p> <p>R1's therapy records dated 11/6/24-11/13/24 were reviewed. The records showed she was evaluated by occupational therapy on 11/7/24. R1 received occupational therapy services on 11/8/24 and 11/11/24. The records showed no physical therapy evaluation was completed on R1. R1 had not received any physical therapy services in the facility.</p> <p>On 11/13/24 at 10:26 AM, V7 Director of Rehab stated, Our goal is to have any newly admitted resident assessed by therapy within 24 hours of admission. V7 stated R1 had been assessed by the occupational therapist upon admission but had yet to be assessed by a physical therapist. When V7 was asked why R1 had not been assessed by a physical therapist, V7 stated, It was a scheduling thing. Our therapists come PRN (as needed) and our therapy assistants do the daily treatments. Our occupational therapist was here last week and could see (R1) right away. Our occupational therapist thought (R1) would be tired from the OT so we didn't have our physical therapist see (R1) . V7 stated she was unaware of R1's hospital discharge (therapy) instructions.</p> <p>On 11/13/24 at 12:50 PM, V2 Director of Nursing stated, We dropped the ball. We should have had the physical therapist evaluate (R1).</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Functional Impairment-Clinical Protocol policy dated March 2019 showed, The physician will identify and document the impact of medical conditions on function and identify a resident's/patient's potential to benefit from rehabilitation services such as physical and occupational therapy . The physician will order any therapy services based on above considerations .</p> <p>The facility's Scheduling Therapy Services policy dated July 2019 showed, Therapy Services shall be scheduled in accordance with the resident's treatment plan . The therapist shall interview the resident and consult with the Attending Physician as to the type of treatment to be administered .</p>		